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FTF Early Childhood Emergency Response Plan Emergency Child Care Scholarships Data Summary Reporting Period: April 13 - June 30, 2009

The FTF Emergency Child Care Scholarships became available to families in April 2009. At the Board meeting on August 24, 2009, Dr. Jillynn Stevens will report on the scholarship program's updated status through July 31, using the most recent monthly report due August 20. She will also supply preliminary data from surveys received from both providers and parents. Currently available data is used to provide the status report below:

Participation:

- ❖ 6,946 children from 5,627 families were served statewide in 26 regions through June 30, 2009
- ❖ 47% of children receiving scholarships were infants or toddlers
- ❖ 65% of scholarship recipients had a monthly co-pay of \$0
- ❖ 28% of scholarship recipients in family child care/group home had a monthly co-pay below \$99
- ❖ 20% of scholarship recipients in centers had a monthly co-pay below \$99
- ❖ 95% of scholarship recipients had a monthly co-pay below \$199

Month	Children	Families	Providers
Initial Estimate	10,000	na	na
April	1,326	1163	234
May	3,636	2971	393
June	6,948	5,627	545

The growth of the program across the state has peaked as utilization in high density regions means that these regions cannot accommodate additional providers or children. We anticipate that data reported after July 31 will show a decrease in the total number of children served.

The first region to have their funds fully depleted was Central Pima. In late August or September, North Pima, Gila, Southeast Maricopa, North Phoenix and Northeast Maricopa are projected to have their funds depleted. To date, the Central Pima Regional Council is requesting Board approval to reallocate \$575,000 to continue the emergency child care scholarships for one month so families have additional time to transition from the scholarship.

There are also some regions that are likely to have available funding for some time to come including Santa Cruz, Navajo/Apache, Graham/Greenlee, the Colorado River Indian Tribe and others. It is anticipated that all funding will be exhausted prior to June 2010.

Financial Summary:

More than \$23 million dollars was awarded to a consortium of United Ways covering the entire state to administer the FTF Emergency Child Care Scholarships. Five Regional Partnership Councils also expedited \$920,472 for additional emergency scholarships in their regions. The Regional Partnership Councils include South Phoenix, Central Maricopa, South Pima, Cochise and Navajo/Apache.

- ❖ Total Award Amount: \$24,237,410*
- ❖ Total Expenditures: \$13,239,194

*Note: Amount includes all discretionary funding and additional investment from five regions



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FTF Early Childhood Emergency Response Plan Emergency Food Boxes Data Summary Reporting Period: April 13 - June 30, 2009

Regional Councils collectively approved nearly \$1.6 million in discretionary and population-based allocations toward providing food boxes for children birth through age five in communities throughout the state. A total of 52 organizations were selected by all 31 Regional Councils to distribute food boxes. Many of these grant agreements will extend through June 30, 2009, so support for families and young children will be spread out across many months.

Preliminary Data as of August 13, 2009

- ❖ 7 of 52 (13%) original grantees indicated they will not participate due to staff turnover or have not responded to the award letter after multiple FTF contacts
- ❖ 41 grantees were required to report for April 13 -June 30, 2009 implementation period
- ❖ 3 grantees were not required to report because start-up began after June 30
- ❖ 1 grantee was not required to report due to pending programmatic clarifications
- ❖ 78% (32/41) of grantees submitted data reports for the reporting period of April – June 30, 2009
- ❖ 59% (19/32) of grantees submitting data reports reported no program implementation data for the reporting period.

Several reasons have led to fewer than anticipated grantees reporting data. Most importantly, at least three additional grantees had not yet executed an agreement prior to the first reporting deadline. This was mostly due to later Council action on this Emergency Strategy and the additional time needed to identify providers on the Navajo Nation and other rural areas. Finance Staff have continued to work with these providers, following-up several times weekly to ensure progress toward executing an agreement. Many of these organizations are completely volunteer-run organizations and scheduling time to discuss grant agreements or reporting requirements has been a challenge. Finance will continue to follow up with these grantees and will work to secure 100% reporting next quarter.

In addition, some grantees have determined they do not have the capacity or desire to fulfill program reporting or other standard requirements and have chosen to decline the grant. Regional staff is working to identify new providers in at least three cases.

Participation

The following breakout is an aggregate of the data from 13 grantees across 10 Regional Councils; the majority of implementation data was from grantees that had multi-region grants:

- ❖ Total number of Food Boxes distributed during this period: **16,978**
- ❖ Total pounds of Food distributed during this period: **73,127 lbs**

- ❖ Total number of Other Items distributed during this period: **7,806¹**
- ❖ Total number of Children (0 thru 5) receiving food or other items during this period: **19,883**
- ❖ Total number of Families receiving food or other items during this period: **11,380**

Financial Summary

- ❖ Total Award Amount: \$ 1,570,200
- ❖ Total Expenditures: \$ 88,330.92*

*Note: Amount includes monies that have been requested for reimbursement, it does not represent actual grantee expenditures.

¹ Total number of Other Items distributed includes units of food distribution (unique to each grantee and not defined), as well as items such as diapers, formula, baby bottle, etc.



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FTF Early Childhood Emergency Response Plan Expedited Home Visiting Grantee Data Summary Reporting Period: April 13 - June 30, 2009

Below is data on the service numbers and total expenditures for the expedited home visiting grant agreements. The next data report is due October 21, 2009 for the July–September quarter. Data will be reviewed by staff and Regional Councils and presented to the Board in January 2010. The data report will include additional performance measures and information by Regional Council.

Preliminary Data as of August 13, 2009

- ❖ 18 Regional Councils awarded organizations grants to provide home visitation programs
- ❖ 33 Grantees across the 18 Regional Councils were required to report for April 13 -June 30, 2009 implementation period
- ❖ 81% (27/33) of grantees submitted data reports for the reporting period of April – June 30, 2009
- ❖ 18% (6/33) grantees reported no program implementation data for the reporting period

Participation

The following breakout is an aggregate of the data from 33 grantees across the 18 Regional Councils. A total of 4325 families are to be served through these grant agreements:

- ❖ Number of Families Served at the end of quarter: **983 (22%)**
- ❖ Total Number of Disenrollment: **46**
- ❖ Number of Children who received Developmental Screening: **142**
- ❖ Total number of infants served: **515**
- ❖ Total number of toddlers served: **548**
- ❖ Total number of preschoolers served: **302**

Financial Summary

- ❖ Total Award Amount: \$11,755,352
- ❖ Total Expenditures: \$669,519 (5.70%)

Home Visitation as a component of the Early Childhood Development and Health System: The combination of home visitation grant awards approved in June and expedited home visitation grants already implemented will result in 31 agencies operating 58 home visitation program sites across Arizona. It is anticipated that they will collectively serve approximately 7,863 families this fiscal year. As stated in the First Things First Home Visitation Standards of Practice (see attached), all home visitation programs will take a comprehensive approach in addressing the varying needs of families. The programs will: engage the family to assess their status; conduct regular developmental screenings; provide resource and referral information; coordinate with other community resources; offer child development and parenting skills information; and assist in addressing health needs (e.g. nutrition; obesity; breastfeeding; physical activity; immunizations; oral health; insurance enrollment; participation in

consistent medical/dental homes; participation in prenatal care; safety; developmental health; vision and hearing screening).

First Things First staff has initiated a process to address the Board of Directors' motion that passed at the July 2009 Board meeting to take a comprehensive look at home visitation, specifically related to the role and responsibility of the state and the established child welfare system in delivering home visiting services, the interaction among home visiting services and their relationship with FTF.

The FTF staff has been working for the past nine months to: engage in strategy development to ensure consistent program implementation across regions while also maintaining local decision making; develop Standards of Practice for all regional family support strategies; assist the FTF Evaluation Division in determining grantee data/reporting requirements; address grantee program implementation questions; and inform ongoing policy development/refinement. A draft Child Protective Service Policy has been developed to help ensure that FTF grantees will not assume the State of Arizona's responsibilities to provide family preservation or family reunification services for families involved with Child Protective Services. To help ensure that grantees and other service providers work together to offer a seamless system of services for families, FTF also developed a Home Visitation Resource Guide that includes all First Things First Home Visitation grantees and their program staff contact information, eligibility requirements, program description, and service numbers. The Home Visitation Resource Guide will be available on the FTF website.

FTF staff has also had multiple meetings with Arizona Department of Economic Security staff to discuss the role and responsibility of the state and the established child welfare system in delivering home visiting services, the interaction among home visiting services and their relationship with FTF.

To help guide the infrastructure development necessary to work with our partner agencies to operate an effective, comprehensive home visitation system throughout the State of Arizona, FTF will engage an external workgroup to include additional stakeholders from both public and private agencies from throughout the state. Initial discussions have occurred with the Healthy Families Arizona Steering Committee. The work of FTF and the external workgroup will determine the best methods as well as the responsible entities to facilitate the development of a home visitation infrastructure which addresses, at a minimum:

- Coordination of program referrals
- Community outreach and informing the public of available services
- Program monitoring/quality assurance
- National Accreditation/Certification of programs and program staff
- Staff Training and Professional Development
- Home Visitation Standards of Practice

FTF staff will present a timeline for presenting recommendations to the Board at the September Board meeting.



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FTF Home Visitation Standards of Practice

Home visitation programs deliver education, information and support to families where they are - in their homes. Through stand-alone programs or in partnership with center-based services, voluntary home visitation programs educate families and bring them up-to-date information about health, child development and school readiness, and connect them to critical services. Home visitation is a bridge that links the resources of the community with the safety of the home environment, empowering even hard-to reach parents to build a better future for themselves and their children.

A variety of home visitation program models exist and differ in many technical aspects, such as the target population, the experience and credentials of the home visitor, the duration and intensity of the visits, and the end goal or focus of the intervention. Yet, the common ground that unites home visitation program models is the importance placed on infant and child development. Parents play a pivotal role in shaping their children's lives, and often the best way to reach families with young children is by bringing services to their front door.

While each First Things First funded home visitation program may be uniquely designed, they all have a valuable role to play in meeting the complex needs of families and communities across the State of Arizona. First Things First focuses on programs and services that provide children with the best opportunities for school and life success. Funding decisions are based upon a robust process of review to ensure programs are supported by research, value the family, use approaches considered to be best practice and are responsive to the specific needs identified in each region. First Things First funded programs shall supplement, not supplant, other state expenditures on, and federal monies received for early childhood development and health programs.

As stated in the Scope of Work, it is expected that home visitation programs funded by First Things First will be comprehensive for the families they serve. These programs will:

- Engage the family to assess their status using research supported tools to identify strengths and needs. Programs will identify the tools currently used in practice or use the Life Skills Progression
- Help families develop and implement a family service plan based upon assessment findings and goals and objectives identified with the family
- Conduct regular developmental screenings using a standardized or criterion-referenced tool at 9, 18 and 24 months of age for all of the following developmental domains: cognitive, language, social-emotional and motor skills
- Provide resource & referral information-Identify services available to families and the subsidies to which they may be entitled; help them to fill out the forms to gain those services, and help the families to follow-through to ensure service delivery as needed

- Provide service Coordination with other community resources to make an effort to minimize duplication and to ensure that families receive comprehensive services as needed

Each family must receive information and support in each of the core areas: child development, parenting skills, health, resource and referral and service coordination. Information and support should be tailored to the needs of the family, as identified in the family service plan.

- All domains of child development (physical, cognitive, social, emotional, language, sensory)
- Appropriate child-adult interactions and development of parenting skills (i.e. physical touch, positive discipline, early reading experiences and verbal and visual communications)
- Health (e.g. nutrition; obesity; breastfeeding; physical activity; immunizations; oral health; insurance enrollment; participation in consistent medical/dental homes; participation in prenatal care; safety; developmental health; vision and hearing screening)

Programs may also help families:

- Identify their natural supports such as peer support
- Access opportunities to participate in family literacy activities
- Address issues of substance abuse, domestic violence, mental health, and children with developmental delays or disabilities

When implementing the Scope of Work, programs will:

#1: Provide services to families that are based upon a culture of trust and respect

A. Create a family-centered environment

- Home visitors are from the community and have extensive knowledge of community resources
- Structure activities compatible with the family's availability and accessibility.
- Demonstrate genuine interest in and concern for families

B. Clearly define program objectives with the families upon enrollment; understanding what the program will accomplish helps families become fully engaged in program services

C. Create opportunities for formal and informal feedback regarding services delivered and act upon it; ensure that input shapes decision-making

D. Encourage open, honest communication

E. Maintain confidentiality, being respectful of family members and protective of their legal rights

#2: Support the growth and development of all family members; encourage families to be resources for themselves and others

A. Encourage family members to build upon their strengths

- B. Publicity/outreach, literature and staff training reflect the commitment to effectively serve fathers
 - C. Help families identify & acknowledge informal networks of support and community resources
 - D. Create opportunities to enhance parent-child and peer relationships
- #3: Affirm, strengthen & promote families' cultural, racial and linguistic identities and enhance their ability to function in a multicultural society
- A. Create opportunities for families of different backgrounds to identify areas of common ground and to accept and value differences between them
 - B. Strengthen parent and staff skills to advocate for themselves within institutions and agencies
 - C. Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work and integrate their expertise into the entire program
 - D. Provide ongoing staff development on diversity issues
- #4: While ensuring model fidelity, programs are flexible and continually responsive to emerging family and community issues
- A. Be accessible for families. Offer extended service hours including weekend/evening hours.
 - B. To ensure quality services caseload size for each staff person is based upon:
 - How many hours per week the home visitor works
 - Family need and intensity of services provided (for example, for families with high risk or multiple risk factors, frequency and intensity of programming can increase to allow for more time to build relationships, modify maladaptive behaviors or attitudes or practice newly learned parenting skills)
 - Where each family lives

For example; 20 is the maximum caseload for a home visitor working entirely in homes with families assessed as high risk or with multiple risk factors at one time per week.
 - C. Engage families as partners to ensure that the program is beneficial. Families have regular input and feedback in programmatic planning to meet their needs.
 - D. Develop a collaborative, coordinated response to community needs
- #5: Home visitors receive ongoing staff development/training to ensure program quality and give staff an opportunity to develop professionally
- A. Assess home visitors' skills and abilities. Home visitors must be able to engage families while keeping a professional rapport.

- B. Prior to serving families, staff must have professional training or have participated in development opportunities to ensure a level of competency in service delivery.
- C. Staff will receive training and information regarding mandatory reporting. Arizona law requires home visitation staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to Child Protective Services or local law enforcement (ARS §13-3620.A).
- D. Provide ongoing staff development/training
- E. Supervisors should work with home visitation program staff to prepare professional development plans

#6: All Standards of Practice are modeled in all activities including planning, governance, and administration

- A. Wages and benefits are adequate for supporting high quality staff
- B. The length of employment and experience/education are reflective of high quality staff. Home visitors are required to have a minimum of a Bachelors degree in early childhood development, education, family studies or a closely related field; or staff is extensively trained and can demonstrate competency in service provision (Programs must provide complete documentation). If programs experience hardship in recruitment efforts, they must notify and consult with First Things First.
- C. Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community
- D. Establish supervision as a collaborative process with mechanisms that support staff in difficult situations and provides regular discussion to reflect and debrief. Supervision will also include observation. It is important that supervisors spend time with home visitors in the field to have a sense of how the service is being delivered. This will help supervisors and staff to identify coaching and mentoring opportunities.
- E. All staff work as a team, modeling respectful relationships of equality
- F. Build a team of staff who is consistent with program goals and whose top priority is the well-being of families and children
- G. Structure governing bodies so that they reflect the diverse constituencies of the community and are knowledgeable about community needs
- H. Evaluation and monitoring is a collaborative, ongoing process that includes input from staff, families, program administrators, and community members
 - 1. Activities, as identified by First Things First, include pre and post testing, self-assessment and opportunities for feedback.
 - 2. Identify outreach, engagement and retention practices
 - 3. Must demonstrate program effectiveness mechanism. Programs must participate in data collection and reporting of performance measures.